

# California Resident Income Tax Return 2000

FORM  
**540A**

## Step 1

Place  
label here  
or print

Name  
and  
Address

Your first name		Initial	Last name	
If joint return, spouse's first name		Initial	Last name	
Present home address — number and street including PO Box or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

P  
AC  
A  
R  
RP

## Step 1a SSN

Your social security number									Spouse's social security number								

**IMPORTANT:**  
Your social security number  
is required.

## Step 2

### Filing Status

Fill in only one.

- 1 ☐ Single  
2 ☐ Married filing joint return (even if only one spouse had income)  
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here \_\_\_\_\_  
4 ☐ Head of household (with qualifying person). STOP. See instructions.  
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died \_\_\_\_\_.

## Step 3

### Exemptions

Attach check or  
money order here.

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ..... ● 6 ☐
- For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions ..... 7 ☐ X \$75 = \$ \_\_\_\_\_
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8 ☐ X \$75 = \$ \_\_\_\_\_
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9 ☐ X \$75 = \$ \_\_\_\_\_
- 10 Add line 7 through line 9. These are your total exemptions before dependent exemptions ..... 10 **Total** \$ \_\_\_\_\_
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.  
\_\_\_\_\_  
\_\_\_\_\_  
Total dependent exemptions ..... 11 ☐ X \$235 = \$ \_\_\_\_\_

## Step 4

### Taxable Income and California Income Adjustments

Attach copy of your  
Form(s) W-2, W-2G,  
1099-R, and other  
Forms 1099 showing  
California tax withheld.

- 12 a State wages from your Form(s) W-2, box 17 ..... ● 12a
- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4; Form 1040A, line 19; or Form 1040, line 33 ..... 12b
- 13 **California Income Adjustments.** See instructions for line 13a through line 13f.
- |  |       |                      |
|--|-------|----------------------|
| a State income tax refund  | 13a   |                      |
| b Unemployment compensation  | 13b   |                      |
| c Social security or railroad retirement                             | 13c   |                      |
| d California nontaxable interest or dividend income                  | 13d   |                      |
| e California IRA distributions                                       | 13e   |                      |
| f California pensions and annuities                                  | 13f   |                      |
| g Total California income adjustments. Add line 13a through line 13f | ● 13g | <input type="text"/> |
- 14 Subtract line 13g from line 12b. This is your California adjusted gross income.  
See instructions ..... ● 14
- 15 Enter the larger of your California **standard deduction** or your California **itemized deduction**. See instructions ..... ● 15
- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- ..... 16

## Step 5

### Tax and Credits

- 17 Tax. Fill in the circle if from ☐ Tax Table ☐ Tax Rate Schedule ..... 17
- 18 Exemption credits. If line 12b is more than \$124,246  
see instructions. Otherwise, add line 10 and line 11 ..... 18
- 19 Nonrefundable renter's credit. See instructions ..... ● 19
- 20 Total credits. Add line 18 and line 19 ..... 20
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ..... ● 23

Your name \_\_\_\_\_ Your SSN: \_\_\_\_\_

## Step 6

### Overpaid Tax or Tax Due

- 24 Enter the amount from Side 1, line 23 ..... 24
- 25 California income tax withheld. See instructions ..... ■ 25
- 26 2000 California estimated tax and payment with  
form FTB 3519 and amount applied from 1999 return ..... ■ 26
- 27 Excess SDI. See instructions ..... ■ 27

### Child and Dependent Care Expenses Credit. See instructions.

- 28
- 29
- 30
- 31
- 32 Total payments and credits. Add line 25, line 26, line 27, and line 31 ..... 32
- 33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 ..... 33
- 34 Enter the amount of line 33 you want applied to your 2001 estimated tax ..... ■ 34
- 35 Overpaid tax available this year. Subtract line 34 from line 33 ..... ■ 35
- 36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24 ..... 36

## Step 7

### Contributions

- CA Seniors Special Fund. See instructions ..... ● 51 00
- Alzheimer's Disease/Related Disorders Fund ..... ● 52 00
- CA Fund for Senior Citizens ..... ● 53 00
- Rare and Endangered Species Preservation Program ..... ● 54 00
- State Children's Trust Fund for the Prevention of Child Abuse ..... ● 55 00
- CA Breast Cancer Research Fund ..... ● 56 00
- CA Firefighters' Memorial Fund ..... ● 57 00
- CA Mexican American Veterans' Memorial ..... ● 58 00
- Emergency Food Assistance Program Fund ..... ● 59 00
- CA Peace Officer Memorial Foundation Fund ..... ● 60 00
- Birth Defects Research Fund ..... ● 61 00
- National World War II Veterans Memorial Trust Fund ..... ● 62 00
- CA Lung Disease and Asthma Research Fund ..... ● 63 00
- 37 Total contributions. Add all contributions shown above, enter the total here ..... ● 37

## Step 8

### Refund or Amount You Owe

- 38 Subtract line 37 from line 35. You have a **REFUND** or **NO AMOUNT DUE**.  
Enter the result here. See instructions ..... ■ 38
- 39 Add line 36 and line 37. This is the **AMOUNT YOU OWE**. See instructions ..... ■ 39
- 40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ..... ○ ■ 40
- 41 If you do **not** need California income tax forms mailed to you next year, fill in this circle ..... ● 41

### Direct Deposit of Refund

Do not attach a voided check or a deposit slip.  
Fill in the boxes to have your refund directly deposited. Routing number ..... ●

Account type:  
Checking ● ☐ Savings ● ☐ Account number ..... ●

## Step 9

### Sign Here

It is unlawful to  
forge a spouse's  
signature.

Joint return?  
See instructions.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. 9

Your signature ..... Spouse's signature (if filing joint, both must sign) ..... Daytime phone number ( ) +

X X

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ..... Date

Firm's name (or yours if self-employed) ..... Firm's address ..... FEIN